

# TRANSMITTAL FORM

(To be used for all correspondence after initial filing.)

Total Number of Pages in This Submission	7	Attorney Docket Number	3535.1
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**ENCLOSURES (check all that apply)**

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) <i>(please identify below)</i>
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	Response to Notice of Non-Compliant Amendment (6 pages)
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application		
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
<b>Remarks:</b>		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm	Affymetrix, Inc.		
Signature	/Lisa T. Kajisa/		
Printed Name	Lisa T. Kajisa		
Date	11/15/2006	Reg. No.	57,516

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Signature	/Lisa T. Kajisa/		
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